Approved for Release: 2025/05/27 C01138708

~~SECRET~~ [redacted]

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP

DATE: 12 JAN 79 | FILE NO.: 8065

SS NUMBER: [redacted]

EMPLOYEE NUMBER: [redacted]

ID CARD NUMBER:

TO: (Check)
- [ ] CHIEF, CONTROL DIVISION, OP
- [ ] CHIEF, CONTRACT PERSONNEL DIVISION, OP
- [X] CHIEF, DDO (OPERATING COMPONENT FOR ACTION) ATTN: SUPPORT STAFF

REF. RETIREMENT (CIA)

STATUS: [X] STAFF [ ] CONTRACT

OFFICIAL COVER: [ ] ESTABLISHED [X] CANCELLED [ ] CONTINUED

SUBJECT: JOANNIDES, GEORGE E.

UNIT:

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

[ ] ESTABLISHMENT OF OFFICIAL COVER (BLOCK RECORDS)	[X] CANCELLATION OF OFFICIAL COVER (UNBLOCK RECORDS)
[ ] BASIC COVER PROVIDED EFFECTIVE DATE _____	[X] EFFECTIVE DATE: EOD
[ ] OPERATIONAL COVER PROVIDED FOR _____ TDY _____ OTHER (Specify)	[X] FORM 3254 CIA W-2 TO BE ISSUED (HHB 20-7)
[ ] SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HHB 20-7)	[X] SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY 2 (HHB 20-7)
[ ] FORM 3254 _____ W-2 TO BE ISSUED. (HHB 20-11)	[NA] EAA: CATEGORY I [ ] CATEGORY II [ ]
[ ] SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-2e)	[X] RETURN ALL OFFICIAL DOCUMENTATION TO CCS
[ ] SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-2e)	[X] SUBMIT FORM 2688 FOR GEHA HOSPITALIZATION CARD.
[ ] EAA. CATEGORY I [ ] CATEGORY II [ ]	DO NOT WRITE IN THIS BLOCK
[ ] SUBMIT FORM 2688 FOR _____ HOSPITALIZATION CARD	

REMARKS AND/OR COVER HISTORY

Subject will be acknowledged as CIA for entire period of employment and is not to reveal specific places or locations of cover assignments.

DISTRIBUTION:
COPY 1 - CD/TRB OR CPD CONTROL
COPY 2 - OPERATING COMPONENT
COPY 3 - [redacted]
COPY 4 - [redacted]
COPY 5 - CCS-FILE

[redacted]

CHIEF, OFFICIAL COVER BRANCH, CENTRAL COVER STAFF

FORM 4-77 155 USE PREVIOUS EDITION

~~SECRET~~ WN-SISM

E-2, IMPDET CL. BY: 021964

(13-20-43)

5

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